

## State Elected Official Financial Disclosure Form

Name of Official:

Dave Kinskey  
Legislature

Office Held:

Senate District (if applicable): 22

House District (if applicable): \_\_\_\_\_

Business Address:

614 Mountain Shadows Blvd

Business City, State and Zip:

Sheridan, WY 82801

Business Phone:

(307) 751-6428

Home Address:

see above

Home City, State and Zip:

\_\_\_\_\_

Home Phone:

( ) \_\_\_\_\_

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WYOMING  
SECRETARY OF  
STATE

## I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

- a) List the *offices* held in business enterprises. This includes partnerships.

Office Held

Name and Address of Enterprise

TK, LLC

Manager

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- b) List any *directorship positions* held in business enterprises.

Name of Enterprise

Address of Enterprise

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- c) Salaried Employment

Job Title

Name and Address of Enterprise

Wyo Legislature

3001 E. Pershing Blvd

Cheyenne WY 82001

203 S. Main

Suite 3300

Sheridan, WY

82801

## **II. Sources of Income**

(Please use additional sheets as necessary.)

- a) Employment Name of Employer \_\_\_\_\_ Address of Employer \_\_\_\_\_  
See I.C.

- b) Business Interests - list the names and addresses of all business entities in which you have a business interest (W.S. 9-13-108 (c) states: "Name and address of all business entities but excluding interests if less than ten percent (10%) of the entity is owned, or sole proprietorship from which income is earned. . .")

**Name of Business Entity**

**Address of Business Entity**

see I.a.

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- ### c) Investments

**A. Any security or interest earnings**

### **Income Earned**

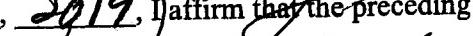
Yes       No

## B. Real estate, leases, royalties

Yes       No

- d) Other (describe generally): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On this 22<sup>nd</sup> day of January, 2019, I affirm that the preceding information is accurate.

2019, I affirm that the preceding  
  
Signature